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FOR ACTION

COUNTRY PROGRAMME RECOMMENDATION**

Central African Republic

Addendum

SUMMARY

The present addendum to the country note submitted to the Executive Board at its first regular session in January 1996 contains the final country programme recommendation for Board approval.

It contains a recommendation for funding the country programme of the Central African Republic which has an annual planning level of $1,000,000 or less. The Executive Director recommends that the Executive Board approve the amount of $5,000,000 from general resources, subject to the availability of funds, and $5,000,000 in supplementary funds, subject to the availability of specific-purpose contributions, for the period 1997 to 2001.

* E/ICEF/1996/18.

** The original country note provided only indicative figures for estimated programme cooperation. The figures provided in the present addendum are final and take into account unspent balances of programme cooperation at the end of 1995. They will be contained in the "Summary of 1996 recommendations for general resources and supplementary funding programmes" (E/ICEF/1996/P/L.43/Add.2).

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Basic data (1994 unless otherwise stated)

Child population (millions, 0-15 years)	1.5
U5MR (per 1,000 live births)	103
IMR (per 1,000 live births)	175
Underweight (% moderate and severe)	---
Maternal mortality rate (per 100,000 live births) (1990)	700
Literacy (% male/female) (1995)	69/52
Primary school enrolment (% net, male/female) (1989)	71/46
Primary school children reaching grade 5 (%) (1989)	65
Access to safe water (%)	24
Access to health services (%) (1985)	45
GNP per capita	$370
One-year-olds fully immunized against:	
Tuberculosis:	82%
Diphtheria/pertussis/tetanus:	31%
Measles:	44%
Poliomyelitis:	29%
Pregnant women immunized against:	
Tetanus:	41%

THE SITUATION OF CHILDREN AND WOMEN

1. Despite its abundant natural resources, the Central African Republic is one of the least developed countries in terms of its human development. It is still experiencing a difficult economic and social situation because of the combined impact of a protracted democratization process, successive structural adjustment programmes, the effects of the devaluation of the African Financial Community CFA franc in 1994 and overdependence on the primary sector of the economy. There has been an increase in poverty because of the lack of meaningful development of agriculture, trade and savings and the need for more money following the decline of the welfare State. Lastly, since selling wood is the main source of revenue, this has led to serious deforestation.

2. Between 1988 and 1994 the infant mortality rate (IMR) and under five mortality rate (U5MR) fell respectively from 212 to 175 and 132 to 103 per 1,000 live births. However, these figures seem to reflect the different methods of assessment used rather than a genuine improvement in the situation. Acute respiratory infections, diarrhoeal diseases, malnutrition, malaria and measles are the chief causes of death among children. Immunization coverage fell sharply between 1991 and 1993 as a result of repeated strikes by civil servants. The population and health survey has revealed a maternal mortality rate (MMR) of

948 per 100,000 live births, which is higher than the United Nations estimate of 700 per 100,000 live births. Maternal mortality is linked to multiple pregnancies (the synthetic measure of fertility is 5.6) at close intervals and starting at an early age, and to inadequate provision of essential obstetric care. The fact that this rate is higher than anticipated shows the extent of the problem.

3. The prevalence of HIV infection among pregnant women is 14 per cent in Bangui and 7 per cent in rural areas. The increased incidence of HIV infection is due to the fact that only 3 per cent of the population uses modern contraception methods. The incidence of other sexually transmitted diseases is reflected in the sterility rate which is 8 per cent among women of child-bearing age. Twenty-eight per cent of children under five suffer from chronic malnutrition while 17 per cent of newborns are at low birth weight. Only 4 per cent of women breastfeed their children exclusively up to the age of for four months. According to government sources, 62 per cent of children between the ages of 8 and 18 years suffer from goitre. Weak decentralized monitoring and oversight facilities have affected the quality of health services and the number of people using them. The situation is further compounded by the fact that basic health services are not within easy reach and that there is a shortage of personnel; moreover, the latter's morale is low because salaries are not paid promptly, and there is a shortage of equipment and no medicine.

4. Cut-backs in the resources allocated for basic education have led not only to a drop in school enrolment rates but also to a decline in the quality of instruction. The gross primary enrolment ratio is 71 per cent, but there are considerable disparities between boys and girls (88 per cent and 55 per cent respectively) and between urban and rural areas. In order to raise the adult literacy rate (which, according to Government sources, is currently 38 per cent), the Government has launched a crash 48-day literacy programme.

5. The percentage of the population having access to safe water had increased from 5 per cent in 1980 to 24 per cent in 1994. The percentage with access to sanitation is estimated at roughly 45 per cent but there is no reliable monitoring system. Rapid urbanization and deforestation are producing increasingly unhealthy conditions.

6. At the community and national levels women are excluded from decision-making structures; however, 20 per cent of households are headed by women as more and more men are migrating in search of jobs. The illiteracy and lack of basic knowledge among women can be traced to low school enrolment and high drop-out rates among girls.

7. The ongoing elaboration of a family code and the recent holding of a general meeting on policy regarding children and youth are crucial steps towards a growing recognition of the rights of women and children. Steps should be taken to strengthen the State's capacity for action as well as that of non-governmental organizations, which are still largely unrepresented in this field.

PROGRAMME COOPERATION, 1993-1996

8. The programme was initially approved for the 1993-1997 period but was shortened by one year in order to bring it into line with the programming cycles of the United Nations Development Programme (UNDP) and the United Nations Population Fund. The programme comprised six programmes in the following areas: primary health care (PHC), water supply and sanitation, basic education, community development, planning and social mobilization.

9. In the context of PHC, 49 health centres have been revitalized in accordance with the strategy of the Bamako Initiative. Legislation has also been enacted concerning the importation of iodized salt. In basic education, a general meeting on education policy has been organized, leading to the adoption of new strategic lines of action. Furthermore, 13 primary schools are now jointly managed by the State and parents. Some 650 wells have been drilled and equipped with a 50 per cent reduction in costs, and 6,500 latrines have been installed, with 85 per cent of the financing provided by the communities, bringing the rate of drinking water and sanitation coverage in the target communities to 50 per cent. A system for managing and providing spare parts for these facilities has been established to ensure that the facilities last. Under the community development programme, basic services have been developed in 88 communities. It has also been possible to set up a coordinating body for children in difficult circumstances and to hold general meetings on policy with regard to children and youth.

Constraints and lessons drawn

10. In the political context of democratization and of strengthening of the role of civil society, decentralization of State services is called on to play a crucial role. In that connection, the Ministry of Planning has since 1996 been studying conditions, including the strengthening of the legal framework, for utilizing the personnel of local authorities and the co-financing and regional development support mechanisms. Implementation of the programme has been difficult because the material, financial and human resources are not in keeping with the programme's ambitious objectives. Emphasis has been placed on carrying out activities rather than on setting up a system to ensure that the gains endure.

11. Experience with past strikes has shown that it is often possible to continue ongoing development actions when the communities are involved in the management of basic services and when flexible and innovative approaches are used, such as the immunization teams that were set up between 1991 and 1993. The Bamako Initiative has had a positive impact on the regulation of cost recovery by allowing health units a fairly substantial margin of safety. The adoption of a similar approach in the field of primary education has shown that cost-recovery schemes tailored to the financial resources of users and ensuring a minimum package of services significantly increase the autonomy of basic services during a period of social instability.

RECOMMENDED PROGRAMME COOPERATION, 1997-2001

Estimated annual expenditure

(In thousands of United States dollars)

	1997	1998	1999	2000	2001	Total
General resources						
Health and nutrition	350	350	348	341	335	1 724
Water, sanitation and environment	265	250	250	250	250	1 265
Basic education	150	140	140	140	140	710
Monitoring, information and management	123	121	121	121	121	607
Advocacy and social communication	45	45	45	45	45	225
Programme support	67	94	96	103	109	469
Subtotal	1 000	1 000	1 000	1 000	1 000	5 000
Supplementary funding						
Health and nutrition	400	400	400	400	400	2 000
Water, sanitation and environment	250	250	250	250	250	1 250
Basic education	350	350	350	350	350	1 750
Monitoring, information and management	20	22	23	24	25	114
Subtotal	1 020	1 022	1 023	1 024	1 025	5 114
Total	2 020	2 022	2 023	2 024	2 025	10 114

12. The Government has directed the programming exercise under the auspices of the Ministry of Planning which has ensured the participation of all the departments concerned. The other agencies of the United Nations system, as well as partners in bilateral cooperation (the European Union, France, Germany, Japan and the United States of America) were also involved in the process of consideration.

13. The purpose of the cooperation programme is to bring about a substantial and measurable improvement in living conditions, and in the physical, social and intellectual development of children and women in the context of the implementation of the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women. The programme takes as its frame of reference the national programme of action (NPA) in order to attain the objectives of the Decade. In that connection it will help (a) reduce IMR from 97 per 1,000 live births to 60 per 1,000 and U5MR from 157 per 1,000 live births to 130 per 1,000; (b) reduce MMR from 948 per 100,000 live births to 664 per 100,000; (c) reduce the rate of severe malnutrition in children under five years of age from 7.5 per cent to 4 per cent; (d) eliminate iodine deficiency disorders; (e) increase the net enrolment ratio for girls to 60 per cent; and (f) provide access to drinking water and to sewage facilities to 70 per cent of the population.

14. The cooperation programme will endeavour to strengthen the links between communities, service-providers and decision makers through the application of the following strategies: (a) development and utilization of service modules which can be used over the long-term nationwide, by better managing information and human, financial and environmental resources, defining minimum packages of service, supporting the institutional structures responsible for programme supervision and providing targeted operational research; (b) increased decentralization by adopting and implementing legislation to promote greater user participation in the management and co-financing of basic services, on the basis of respect for equity; (c) reduction of gender-related and geographical disparities; and (d) mobilization of resources and the more vigorous advocacy of the rights of children and women. The programme will comprise three sectoral programmes and two cross-sectoral programmes. The communities of the Ouham and Nana-Gribizi regions and one commune in Bangui will be the direct beneficiaries of the sectoral interventions; nationally the entire range of programmes will support the national monitoring and advocacy system. Funding from general resources will be used to consolidate the sectoral gains of the previous programme and will play a catalytic role in guiding the support from other donors in areas such as PHC or basic education, on the basis of the experience gained by UNICEF. The required supplementary funding will be used to extend basic services coverage.

Health and nutrition

15. The objectives of this programme are to increase the effective PHC coverage from 25 per cent to 50 per cent in 75 health centres in the targeted areas and to ensure that such changes endure through improved utilization by communities of better quality routine health statistics and through increased representation of women on management committees. This programme comprises two projects. The project concerning strengthening of PHC is designed to ensure access to and utilization of a minimum package of remedial, preventive and promotional care in the revitalized health units in accordance with the principles of the Bamako Initiative. Emphasis will be placed on improved understanding of health problems affecting communities, including the target diseases of the expanded programme of immunization and the causes of maternal mortality. The project concerning promotion of nutrition is designed to ensure universal utilization of iodized salt at the national level, to make 80 per cent of maternity units "baby-friendly" and to increase from 4 to 20 per cent the proportion of mothers exclusively breast-feeding their babies for the first six months. In the target areas, this project will aim to initiate growth monitoring of children aged between six months and three years and community-based decision-making, as well as correcting disorders due to iron, folic acid and vitamin A deficiencies. Activities will cover, in particular, the training of the various partners involved, interpersonal communication, strengthening of monitoring and evaluation activities, and operational research.

Water, sanitation and environment

16. The objectives of this programme are (a) to raise coverage of drinking water and sewage disposal facilities in previously identified target areas from 50 per cent to 70 per cent, which represents a 9 per cent increase in national terms; (b) to support primary environmental care (PEC) by way of demonstration; and (c) to strengthen management and sectoral monitoring capacities nationwide. The project concerning drinking water supply and strengthening of the sectoral management system seeks to create 320 new water points, to reduce the pump failure rate from 40 per cent to 10 per cent and to maintain sanitary conditions around 80 per cent of water points. These activities will concentrate on advocacy to progressively extend coverage to the whole country and to improve the reliability of indicators of management and community management of water points and sanitation services, notably by increasing the number of women on management committees until there are as many women as men. The project concerning education for environmental hygiene in urban areas aims to promote PEC at 10 primary schools in urban areas as well as in an underprivileged district of Bangui. Activities will concentrate on the installation of drinking water facilities, sewage disposal and the promotion of adequate hygiene practices at individual and community levels.

Basic education

17. The objectives of the programme are: (a) to increase the net enrolment ratio from 30 per cent to 50 per cent and to ensure that as many girls as possible remain in the formal and non-formal educational systems in the areas of operation; (b) to promote awareness and understanding among communities and decision makers about the factors underlying the precarious position of girls in education as well as their role in society; (c) to help formulate policies and operational strategies which encourage the education of girls and the protection and rehabilitation of children in difficult circumstances.

18. The project to promote the education of girls in formal and non-formal systems will have two components. The first aims to improve the formal schooling of girls by improving classroom conditions and teacher training. The second component will follow on from the experimental project to promote schooling for girls in Nana-Gribizi, which centred on girls aged 8 to 15 years who had never attended or who had left school. The plan is to bring 80 per cent of girls enrolled at the 15 community schools to a level equivalent to the fourth year of the basic primary cycle of the formal system. The project concerning children in difficult circumstances follows on logically from the earlier pilot project to rehabilitate Bangui street children. It aims to reinforce national policy, back up the activities of local non-governmental organizations and support the community's acceptance of responsibility, as well as to strengthen activities in favour of young girls in difficult circumstances and provides for preventive activities to cover high-risk target groups.

Monitoring, information and management

19. The objectives of this country-wide programme are: (a) to help improve the availability and use of disaggregated and accurate data for social planning; (b) to help identify needs, and collect and make use of data for the purpose of

monitoring the indicators relating to the objectives of the Decade and the rights of the child; and (c) to guarantee the availability of accurate data for monitoring and evaluating the programme. This programme is made up of two projects. The project to build national capacity for the monitoring and management of information aims to strengthen the national system of social information, in order to support the process of decentralization and implementation of the cooperation programme and to provide the information needed for advocacy activities. The project concerning support for sustainable and self-sustaining community-based development aims to create a system and circuit of information and feedback between households, the community and providers of basic services, in order to facilitate decision-making by the various actors.

Advocacy and social communication

20. The objectives of this programme are to enhance national and community capacities for the dissemination of information to combat iodine deficiency in particular, as well as monitoring of and mobilization for the national plan of action. The programme will give responsibility to decision makers and the population as a whole and will support the various sectors in respect of social communication and mobilization. To this end, the programme will use the national media and, in particular, local and rural radio stations. The programme is made up of two projects. The objectives of the advocacy project are to promote the effective implementation of the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women, to reinforce the commitments made by the country and to contribute to the mobilization of local and international resources for programmes. The project concerning support for sectoral programmes aims to contribute to achieving the objectives of sectoral programmes by the judicious dissemination of information.

Programme management and collaboration with partners

21. The Ministry of Planning will ensure the coordination and monitoring of the programme's implementation. Each sectoral programme will be coordinated and implemented by the relevant ministries. A mid-term review will be carried out in 1999 and annual reviews will be organized to consider the implementation of projects and, if necessary, to reorient activities for the following year. The other donors will be involved in periodic reviews of the programme. As in the past, the programme will seek to harmonize its operations with those supported by the other donors. Thus, in the sectors concerned, the programme will pursue its collaboration with German, Canadian, French and Japanese cooperation efforts, as well as with the United States Agency for International Development, the World Health Organization, the United Nations Development Programme, the World Bank and the European Union.

Monitoring and evaluation

22. An integrated monitoring and evaluation plan has been elaborated to monitor the implementation and impact of the entire cooperation programme. Surveys and studies of knowledge, attitudes and practices regarding changes in behaviour will be conducted in the framework of this plan. At the level of sectoral

programmes the Ministry of Planning will set up a system for analysing the results, in order to improve control, supervision and monitoring of projects. The results of these analyses will serve as a basis for feedback and dialogue with partners and communities.

Mobilization of funds

23. In the course of the last programme, only one fifth of the supplementary funds required were mobilized. A more active strategy will be pursued in the course of the next programme, by means of: (a) regular dissemination of information concerning the financial needs, progress and achievements of the various programmes; (b) advocacy directed at government officials and donors with a view to implementing the 20/20 initiative; (c) submission of requests for specific programmes to donors (Governments and national committees for UNICEF); and (d) more dynamic inter- and intrasectoral coordination of programmes and projects, and between partners.

TABLE

LINKAGE OF PROGRAMME BUDGET AND STAFFING/STAFF COSTS

COUNTRY : CENTRAL AFRICAN REP
PROGRAMME : 1997-2001

PROGRAMME SECTION/AREAS AND FUNDING SOURCE	PROGRAMME BUDGET (In thousands of US dollars)				POSTS a/										STAFF COSTS b/ (In thousands of US dollars)		
	GR	FSF	NSF	TOTAL	D2/L7	D1/L6	P/L5	P/L4	P/L3	P/L2	IP	NP	GS	TOTAL	IP	LOCAL	TOTAL
GENERAL RESOURCES :																	
HEALTH AND NUTRITION	1,724			1,724	0	0	0	1	0	0	1	1	1	3	852.7	516.0	1,368.7
WATER, SANITATION AND ENVIRONMENT	1,265			1,265	0	0	0	0	1	0	1	0	1	2	775.1	113.5	888.6
BASIC EDUCATION	710			710	0	0	0	0	0	0	0	1	0	1	0.0	402.5	402.5
MONITORING,INFORMATION/MANAGEMENT	607			607	0	0	0	0	0	0	0	1	1	2	0.0	496.5	496.5
ADVOCACY AND SOCIAL COMMUNICATION	225			225	0	0	0	0	0	0	0	0	0	0	71.6	0.0	71.6
PROGRAMME SUPPORT	469			469	0	0	0	0	0	0	0	1	1	2	189.6	279.1	468.7
TOTAL GR	5,000			5,000	0	0	0	1	1	0	2	4	4	10	1,889.0	1,807.6	3,696.6
SUPPLEMENTARY FUNDING :																	
HEALTH AND NUTRITION		0	2,000	2,000	0	0	0	0	0	0	0	0	1	1	0.0	44.7	44.7
WATER, SANITATION AND ENVIRONMENT		0	1,250	1,250	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0
BASIC EDUCATION		0	1,750	1,750	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0
MONITORING,INFORMATION/MANAGEMENT		0	114	114	0	0	0	0	0	0	0	0	1	1	0.0	113.5	113.5
ADVOCACY AND SOCIAL COMMUNICATION		0	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0
PROGRAMME SUPPORT		0	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0
TOTAL SF		0	5,114	5,114	0	0	0	0	0	0	0	0	2	2	0.0	158.2	158.2
TOTAL GR & SF	5,000	0	5,114	10,114	0	0	0	1	1	0	2	4	6	12	1,889.0	1,965.8	3,854.8
ADM. & PROGRAMME SUPPORT BUDGET	Operating costs			2,093.3													
	Staffing				0	0	1	1	1	0	3	1	9	13	2,556.9	1,683.9	4,240.8
GRAND TOTAL (GR+SF+ADM)					0	0	1	2	2	0	5	5	15	25	4,445.9	3,649.7	8,095.6
Number of posts and staff costs:																	
Current programme cycle											7	4	19	30			
At the end of proposed programme cycle (indicative only)											5	5	15	25	4,445.9	3,649.7	8,095.6

GR = general resources.
SF = supplementary funding.
FSF = funded supplementary funding.
NSF = new supplementary funding.
IP = international Professional.
NP = national Professional.
GS = General Service.
ADM = administrative.

a/ Each post, regardless of its funding source, supports the country programme as a whole.
b/ Exclude temporary assistance and overtime; include costs of United Nations volunteers.